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Bib Data Sheet

CONFIRMATION NO. 6930

|                                    |                                                 |                     |                               |                                              |
|------------------------------------|-------------------------------------------------|---------------------|-------------------------------|----------------------------------------------|
| <b>SERIAL NUMBER</b><br>09/895,562 | <b>FILING DATE</b><br>06/29/2001<br><b>RULE</b> | <b>CLASS</b><br>382 | <b>GROUP ART UNIT</b><br>2621 | <b>ATTORNEY DOCKET NO.</b><br>FR920000064US1 |
|------------------------------------|-------------------------------------------------|---------------------|-------------------------------|----------------------------------------------|

## APPLICANTS

Hubert Crepy, Boulogne, FRANCE;

\*\* CONTINUING DATA \*\*\*\*\*

IS None

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IS Yes

FRANCE 00480126.2 12/20/2000

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 08/17/2001

|                                                                                          |                                                                                                                                                                                                                                    |                                   |                            |                           |                                |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature <u>CS</u> Initials | <b>STATE OR COUNTRY</b><br>FRANCE | <b>SHEETS DRAWING</b><br>3 | <b>TOTAL CLAIMS</b><br>29 | <b>INDEPENDENT CLAIMS</b><br>3 |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------|---------------------------|--------------------------------|

## ADDRESS

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## TITLE

Method and apparatus for statistical text filtering

|                                   |                                                                                                                   |                                                                                                                                                                                                                                                                                 |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>FILING FEE RECEIVED</b><br>872 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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